

Page 1 of 2

Name of Person Filing <b>ALMA G ZAPATA</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b> Name <b>LOCAL 803 HEALTH &amp; WELFARE FUND</b> Trade Name if any P O Box Bldg Room No If any Street <b>91-01 80TH STREET</b> City <b>WOODHAVEN</b> State <b>N.Y.</b> ZIP Code + 4 <b>11421</b>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;">         RELATED HEALTH FUND FOR UNION MEMBERS       </div> <b>11 b Approximate dollar value of such dealing</b> <b>3,154,338.80</b> <b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;">         TRUSTEE EDUCATION CONFERENCE AMERICAN ALLIANCE CONFERENCE ORLANDO, FLA 5/21/04-5/25/04 REGISTRATION FEE, LODGING AIRFARE AND EXPENSES       </div> <b>12 b Amount</b> <b>\$2990.20</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	<b>14 a Nature of payment</b> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>